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## Research Article

## Narrative fragmentation in child sexual abuse: The role of age and post-traumatic stress disorder

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## ABSTRACT

The present study aimed to assess the effects of age and PTSD on the narrative fragmentation in memories for child sexual abuse. Lexical complexity, cohesion and coherence were analyzed within a group of 86 allegations of children ( $M = 10$  years;  $SD = 3.7$ ; range: 4–17) who were victims of sexual abuse. Results illustrated that age played an important role in establishing narrative coherence and predicted the level of orientation, the sequence of events and the level of evaluation of the event. Instead, PTSD was related to narrative coherence and cohesion. Therefore, in children, the narrative fragmentation could be an effective diagnostic tool for understanding the effects of PTSD. Moreover in a legal setting the traumatic effects of PTSD on the narrative coherence and cohesion could be significant indices in the evaluation of child testimony.

## 1. Introduction

The nature of trauma narratives is under considerable debate. Some researchers (e.g., Harvey & Bryant, 1999; van der Kolk & Fisler, 1995) suggest that traumatic experiences associated with personal salience and pervasive arousal, particularly in clinical populations, prevent the ability to produce a cohesive and consistent narrative. Many studies illustrate that traumatic memories are evaluated as more fragmented and disorganized in their narrative structure than memories of non-traumatic events (Byrne, Hyman, & Scott, 2001; Tromp, Koss, Figueredo, & Tharan, 1995) and that traumatized individuals are predicted to tell more fragmented narratives about their traumatic event (Amir, Stafford, Freshman, & Foa, 1998; Koss, Figueredo, Bell, Tharan, & Tromp, 1996; Neimeyer, 2004).

In literature, various definitions of trauma memory fragmentation exist (Bedard-Gilligan & Zoellner, 2012), including increased sensory components (Hopper & van der Kolk, 2001), abnormal chronology (Byrne, Hyman, & Scott, 2001), and memory confusion (Foa, Molnar, & Cashman, 1995; Halligan, Michael, Clark, & Ehlers, 2003). In particular, Foa et al. (1995) distinguish between fragmentation and disorganization by defining fragmentation as unnecessary repetitions and disorganization as confused or disjointed thoughts in the narrative. However, in our study we primarily use fragmentation to refer to disjointed thoughts in the narrative and to refer to both fragmentation and disorganization for simplicity and because in literature the terms are not well distinguished.

In terms of causal mechanisms, some authors (Halligan et al., 2003; Harvey & Bryant, 1999; van der Kolk & Fisler, 1995) interpret the narrative fragmentation as a result of the lack of elaboration of the memory due to high emotion and dissociation during the traumatic experience. Dissociation is generally conceived as a defensive response to intense stress or trauma. Dissociative adults and

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children have been shown to have less confidence in their memory (Camisasca & Miragoli, 2014; Cordon et al., 2004; Kenardy et al., 2007; Putnam, 1997; Quas et al., 1999). Peritraumatic dissociation would be able to prevent memory processing and organization during encoding, which disrupts both memory storage and retrieval (Halligan et al., 2003; Marshall & Shell, 2002). Starting from this assumption, some scholars (e.g. Camisasca, Miragoli, & Di Blasio, 2014; Ehlers & Clark, 2000; Halligan, Clark, & Ehlers, 2002; O’Kearney & Perrott, 2006; Zoellner & Bittinger, 2004) consider the dissociative response as a key mechanism underlying the development and persistence of post-traumatic stress disorder (PTSD) symptoms. Trauma victims, who develop PTSD symptoms, are assumed to experience difficulties in organizing their traumatic memory into a coherent narrative with an ordered sequence of events (Esterling, Abate, Murray, & Pennebaker, 1999). Horowitz (1986) argued that PTSD symptoms are maintained due to the trauma memory not being integrated within the individual’s pre-trauma schemas. In particular, “disjointedness” of trauma memories is crucial in understanding re-experiencing of PTSD (Ehlers, Hackmann, & Michael, 2004; Evans, Ehlers, Mezey, & Clark, 2007). Therefore, dissociation may lead to fragmentation of the traumatic memory, which in turn may contribute to the PTSD symptoms (e.g., Brewin, Dalgleish, & Joseph, 1996; Ehlers & Clark, 2000; Ozer, Best, Lipsey & Weiss, 2003; Laposa & Alden, 2003).

Considerable research has examined the relations between PTSD and memory fragmentation in adults, with mixed results. Several studies have shown memory disorganization to be related to Acute Stress Disorder (Harvey & Bryant, 1999; Moulds & Bryant, 2005) and PTSD (e.g., Buck, Kindt, van den Hout, Steens, & Linders, 2006; David, Akerib, Gaston, & Brunet, 2010; Murray, Ehlers, & Mayou, 2002; O’Kearney, Hunt, & Wallace, 2011). For example, by measuring the degree of organization/fragmentation in the trauma narratives of individuals with PTSD, Foa et al. (1995) found that the trauma narratives became more organized and less fragmented as PTSD symptoms decreased throughout exposure to therapy. Moreover, Halligan et al. (2003) found that narrative disorganization predicted unique variance in PTSD symptoms six months after the trauma.

Conversely, several studies have failed to find a relationship between memory disorganization and PTSD symptoms. For example, van Minnen, Wessel, Dijkstra, and Roelofs (2002) compared PTSD patients who improved and did not improve through exposure to therapy. All patients showed significant decreases in disorganized thoughts over the course of therapy and these changes did not differ between the two groups even when using Foa et al.’s (1995) analysis of memory fragmentation. Similarly, Berntsen, Willert, and Rubin (2003) assessed traumatic memories associated with PTSD versus those that were not linked to PTSD. Overall, memories recalled by the PTSD group were no more fragmented than the non-PTSD group. Finally, Peace, Porter, and Brinke (2008) found that high levels of traumatic impact did not cause subsequent memory deficits and that memories for sexual trauma were not impaired or fragmented but were “superior” to other emotional memories.

The characteristics of children’s memory fragmentation have received less attention. Developmental research showed that age certainly plays an important role in the organization of the stories. By the age of 6, children provide appropriate setting information and begin to include personal evaluations of the events (Stein, 1988). Instead, the inclusion of internal states and motivations is rare in children’s narratives before the age of 8 (Kemper, 1984; Stein & Glenn, 1982) and corresponds to the improvement in children’s ability to produce more sophisticated event sequences, which are causally related and integrated (Applebee, 1978; Peterson & McCabe, 1983; Shapiro & Hudson, 1991; Stein & Glenn, 1982). Moreover, some studies report that children provide more organized reports of negative events than neutral or emotionally positive events (Ackil, Van Abbema, & Bauer, 2003; Fivush, Hazzard, Sales, Sarfati, & Brown, 2003). However, findings about the narratives of traumatic events are less homogeneous. Berliner, Hyman, Thomas and Fitzgerald (2003) illustrated that children’s memories for trauma have less sensory details and are less coherent than memories for positive events. These results are consistent with those reported by Fivush et al. (2003), in which the narrative disorganization was associated to the disconnections from the traumatic event. Conversely, Eisen, Goodman, Davis, and Qin (1999) reported that children who are victims of maltreatment with higher scores on measures of dissociation, were rated as having more (not less) detailed and cohesive memories of their abuse experiences.

Moreover, relatively few studies exist on memory in children who have been diagnosed with PTSD. O’Kearney, Speyer and Kenardy (2007) examined the connection between the quality of children’s trauma memory (in terms of organization and structure) and their post-traumatic adjustment. Results illustrated a strong relationship between the attempts at making the event coherent and causally meaningful and intrusive symptoms in the process of children’s adaptation to traumatic event. In order to identify individual differences in how youth process their experience of sexual abuse (occurred when they were between 8 and 15 years old) and to assess associations between processing strategies and adjustment, Simon, Feiring, and Kobielski McElroy (2010) detected that the meaning of the abuse was associated with narrative organization and to lesser psychopathological symptoms. In particular, youth with more PTSD and depressive symptoms produced narratives that reflected a rigid conceptualization of the sexual abuse with problems in maintaining a perspective on past traumatic experiences and in regulating their current emotional reactions. Another study (Moradi, Doost, Taghavi, Yule, & Dalgleish, 1999) suggested that children with PTSD have poorer overall memory on measures primarily tapping some aspects of long-term memory. Moreover, Kenardy et al. (2007) reported that disorganization of narratives was related to post-traumatic stress reactions among 7–15-year-olds who had been admitted to hospital. Instead, in a study of memory for a real-life stressful event (an ano-genital examination), Eisen, Qin, Goodman, and Davis (2002) found that, for maltreated 3- to 17-year-old children, PTSD symptoms were not a consistent predictor of event memory, but were associated with more commission errors to specific and misleading questions and with more correct information to free recall questions.

## 2. The present study

Although consistency is an important indicator of believability for jurors, relatively little is known about the factors connected with children’s consistency (Ghetti, Goodman, Eisen, Qin, & Davis, 2002) and the existing results are controversial. On the basis of the considerations set out above, the present study aimed to explore the narrative fragmentation (in terms of features of lexical

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